PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number 74189

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
				RATE	FEE		RATE	FEE
TOTAL CLAIMS								
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	39 minus 20 =			X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	minus 3 =			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐		+135=		OR	+270=	
				TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
AMENDMENT A Total	39 Minus	39	=	X$ 9=		OR	X$18=	
Independent	9 Minus	9	=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		☐		+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

8/20/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
AMENDMENT B Total	30 Minus	39	=	X$ 9=		OR	X$18=	
Independent	9 Minus	9	=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		☐		+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

9-19-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
AMENDMENT C Total	36 Minus	39	=	X$ 9=		OR	X$18=	
Independent	9 Minus	9	=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		☐		+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875

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